



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

**2003 ANNUAL REPORT
MONEY TRANSMITTER**

General Instructions: This report covers the period from June 30, 2003 through June 30, 2004. The annual report is due in the offices of the Washington Department of Financial Institutions, Division of Consumer Services on or before close of business on July 1, 2004. All licensees must file a report and make all appropriate annual assessment payments. Please read the form before beginning.

- All licensees must fill out and answer all questions in the annual report form below. If a question does not apply say so on the report.
- Please type or prepare the report in ink. Report all dollar amounts in whole dollars. If an amount is zero, enter -0-. Do not leave blanks.
- Annual Assessment checks should be made payable to the "Washington State Treasurer."
- Before mailing, please check the report thoroughly for omissions and discrepancies. Make sure the report is signed and notarized on the last page.

Contact Mr. W. Kwadwo Boateng (360) 902-8725 or Mr. Whittier Johnson (360) 902-8755 with questions, or e-mail to DCS@dfi.wa.gov for further assistance.

Please return the completed report by July 1, 2004, to this office per letterhead above.

INSTRUCTIONS:

AUTHORIZED DELEGATES

Provide a list of authorized delegate locations. Can be submitted in an electric form.

ANNUAL ASSESSMENT FEES

Each year, money transmitter licensees must pay a license renewal fee of \$500. In addition, a \$50 fee is charged for each authorized delegate location the licensee has. Authorized delegate fees are capped at \$7,500 or fees for 150 delegate locations. The "corporate" or "main" license renewal fee plus authorized delegate fees add together to determine "total" fees due.

MOST RECENT AUDITED FINANCIAL STATEMENTS

Submit the company's most recent audited financial statements produced according to GAAP (Generally Accepted Accounting Principals).

MONEY SERVICES - MONEY TRANSMITTER – 2003 ANNUAL ASSESSMENT REPORT

Annual assessments for Money Service (Money Transmitters and Currency Exchangers) Companies are due on, or before, close of business July 1 of each year. (Or the next business day if July 1 falls on a holiday or weekend day.)

DFI License Number:	550 – MT -	Reporting Period: July 1, 20	
Licensee Name/ Db, Trade Name:	/		
Contact person:		Phone:	
		Fax:	
Licensed Physical Address:	/		
	Street Address	City/County	State Zip Code

AUTHORIZED DELEGATES: RCW 19.230.120, WAC 208-690-035

DO NOT use this form to ADD new authorized delegate locations. Use the *Money Services, Money Transmitters – Add An Authorized Delegate Application* to add delegates. This application can be found on our website at www.dfi.wa.gov/cs, under the *Applications & Forms* page. You may submit the new authorized delegate application and fees along with this annual report. NOTE: Authorized Delegate locations may not conduct money transmitter business until approved by this department.

DO NOT include UNREPORTED CHANGES to authorized delegate information on this report. If information regarding previously approved authorized delegates has changed (i.e., the authorized delegate moved, or the contact person has changed, or the delegate has been dropped, other material changes have occurred) and this information has not yet been reported to us, please submit a “Quarterly Report” form with this updated information. Include the appropriate fee. The quarterly report form is available on our web site. You may submit the quarterly report at the same time as the annual report. The list submitted with the Quarterly Report should only include previously approved locations that need updates to information you already gave us.

SUBMIT a current list of authorized delegate locations as part of the annual report. This list should include only previously approved authorized delegate locations. Authorized delegate locations include all company owned outlets/branches of the company. (We make no distinction between these and retail locations, but you may separate your list according to the type of location claimed.) The list of authorized delegates should include the company name, physical address, and contact name, and phone number. Number each entry in the list.

If you need to submit a quarterly report with the annual report (to update information that has changed), separate those records with changes into a separate category on your current list and title the section, “See Quarterly Report.”

☐ I have no authorized delegate locations.

☐ I have included a current list of previously approved authorized delegate locations.
(Electronic version o.k. - Use Microsoft Excel format)

The total number of authorized delegates previously approved _____.

If the total number of Authorized Delegates is 151 or above, place a check mark below in *Annual Assessments Fees*, “I have 150 or more authorized delegate locations....”

ANNUAL ASSESSMENT FEES: RCW 19.230.110, WAC 208-690-140,**FEES OWED FOR LICENSE RENEWAL**

☐ \$500 (Always Applicable)

FEES OWED FOR AUTHORIZED DELEGATE LOCATIONS

☐ Not Applicable. I have no authorized delegate locations.

☐ I have 150 or more authorized delegate locations. I owe \$7,500 in authorized delegate annual assessment fees.

☐ I have fewer than 150 authorized delegate locations.

\$50 per authorized delegate location X (Times) _____ total Auth Del Locations* = \$_____ Authorized Delegate Count*

TOTAL FEES OWED (Maximum \$,8000.00)

\$500 main office fee + (Plus) \$_____ Authorized Delegate Count (from above) * = \$_____ Total Fees Owed

Make check payable to “Washington State Treasurer” and mail with this report to: Department of Financial Institutions, Division of Consumer Services, 150 Israel Rd SW, Tumwater, WA 98501

*Place a “zero” here if you have no authorized delegate locations.

MONEY SERVICES - MONEY TRANSMITTER – 2003 ANNUAL ASSESSMENT REPORT

MOST RECENT AUDITED FINANCIAL STATEMENTS: RCW 19.230.110, WAC 208-690-080

SUBMIT the company's most recent audited financial statements. Audited financial statements must be prepared in accordance with Generally Accepted Accounting Principles (GAAP). Include all notes to financial statements and any other supporting documents related to the audited financials. Place a check mark in the box that describes the licensee's situation.

☐ I have enclosed the licensee's recent audited financial statements. Financials are for (MM/YYYY) _____

OR

☐ The licensee is a wholly owned subsidiary of another company. I have submitted the most recent audited consolidated annual financial statement of the parent company. Financials are for (MM/YYYY) _____

NET WORTH: RCW 19.230.060, WAC 208-690-060

ATTESTATION: I maintain my net worth in accordance with RCW 19.230, and WAC 208-690. Determinations of net worth must be made according to generally accepted accounting principles.

Place a check mark in the box that describes the licensee's situation.

My current net worth is maintained at the following minimum amount:

☐ \$10,000. My company has not previously engaged in the provision of money services, OR my company transmitted less than one million dollars during the previous twelve months.

☐ \$20,000. My company transmitted one million dollars but less than two million dollars for the previous twelve months.

☐ \$30,000. My company transmitted two million dollars but less than three million dollars for the previous twelve months.

☐ \$40,000. My company transmitted three million dollars but less than four million dollars for the previous twelve months.

☐ \$50,000. My company transmitted four million dollars or more for the previous twelve months.

MATERIAL CHANGES: RCW 19.230.110, WAC 208-690-110

Information for the company must be current and complete. Changes to company information must be reported in a timely manner. Types of reportable changes include but are not limited to, the company name, ownership, physical/mailling/records location addresses, phone and fax numbers. Changes in Responsible Individual or Registered Agent should also be reported. If you have made unreported changes, please use the *Money Services – Money Transmitter – Amendment Application* and submit that application and fee along with this annual report.

PERMISSIBLE INVESTMENTS: RCW 19.230.110, 19.230.200, 19.230.210

☐ Not Applicable. I do not have investments of this type.

☐ I have attached a list of permissible investments and the percentage held of each type of investment.

☐ I certify that I maintain my investment portfolio in accordance with RCW 19.230.200, and RCW 19.230.210.

BY:

*Signature of Authorized Official**

Date

Printed name of Authorized Official

Title

**NOTE: must be signed by company official such as President, Owner, Chief Financial Officer, etc.*

MONEY LAUNDERING PROGRAM/REPORTS: RCW 19.230.180

☐ Yes ☐ No, I have submitted a copy of my *Anti Money Laundering Program* to Washington State Department of Financial Institutions.

☐ I answered "No" to the previous question and am submitting a copy of my *Anti Money Laundering Program* to Washington State Department of Financial Institutions with this annual report.

MONEY SERVICES - MONEY TRANSMITTER – 2003 ANNUAL ASSESSMENT REPORT

SURETY BOND/ALTERNATIVE MAINTAINED: RCW 19.230.050, WAC 208-690-040, WAC 208-690-050

In the prior 12-months, my company transmitted a total of \$ _____ U.S. dollars (Round to nearest \$100.00) Place a check mark in the box that describes the type of security instrument used for your company.	
SURETY BOND <input type="checkbox"/> I have a surety bond.	TIME DEPOSIT ACCOUNT <input type="checkbox"/> I have a time deposit account.
By checking above I certify that the bond is accurate and in force at all times, including: Correct amount. Correct address information. Correct company name/Db a information. Surety company is authorized to do business in Washington State. Coverage amount is increased by an additional \$10,000 for every new authorized delegate location opened (up to maximum bond amount of \$550,000).	By checking above I certify that the deposit is accurate and in force at all times, including: Correct amount. Correct address information. Correct company name/Db a information. Banking institution where deposit is kept is inside Washington State. Deposit amount is increased by an additional \$10,000 for every new authorized delegate location opened (up to maximum amount of \$550,000).

U.S. TREASURY REGISTRATION/RENEWAL

<input type="checkbox"/> Yes <input type="checkbox"/> No, I have registered with the U.S. Treasury Department. Date Registered _____ If you answered "No" to the above question, register now, and submit copies of the registration documents with this report. <input type="checkbox"/> Yes <input type="checkbox"/> No, I have renewed/will renew my registration with the U.S. Treasury Department every two years, per Federal requirements. Date of Renewal _____
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CERTIFICATION

I hereby certify under penalty of perjury that the information contained in this annual report and attached supporting documentation, has been carefully examined by me and is correct and complete, and further acknowledge that there are no misrepresentations or omissions of material facts.

Prepared By: _____ **Signature** _____ **Date** _____

_____ *Type or printed name of preparer* _____ *Title {President, Manager, Treasurer}*

Phone: _____ **Fax:** _____ **e-mail:** _____

AFFIDAVIT MONEY TRANSMITTER COMPANY ANNUAL REPORT

I, _____ the undersigned being the President, Manager, or Treasurer
Print name of company President, Manager, or Treasurer *circle correct title*

of _____, a Washington licensed Money Transmitter Company,
Print company name as licensed

swear (or affirm) that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any), are true and that the same is a true and complete statement in accordance with the law.

Signature of company President, Manager, or Treasurer

Signed and sworn before me this _____ day of _____ 20_____ and

I hereby certify that I am not an officer or director of this company. _____

Signature of Notary Public

notary seal here

Notary Public in and for the:
 State of _____
 County of _____
My appointment expires: _____